



Town of Buckeye Community Action Program – a division of the Community Services Department
201 E. Centre Ave. Buckeye, AZ 85326 • 623.349.6600 • Fax: 623.349.6610 • TDD: 623.386.4421

Lobby Hours: Mon.-Fri: 8:00am-5:00pm

Areas Served: Arlington, Buckeye, Harquahala Valley, Liberty, Palo Verde, Rainbow Valley, Tonopah and Wintersburg

REQUEST FOR ASSISTANCE PROCESS PRE-SCREENING PACKET

Only return the Pre-screening form

We wish we had enough money to help everyone in the Greater Buckeye Valley that needs financial assistance. Unfortunately, due to very limited grant money, this is not possible. We do, however, want to distribute what limited grant money we have fairly, with equal opportunity for households in the area that Buckeye CAP office serves. To do this, we have adopted a commonly used process for receiving requests for assistance called "Modified Lottery Financial Assistance".

What is Modified Lottery Financial Assistance? The Modified Lottery Financial Assistance process works like this. Customer completes a pre-screening form. The form is screened for eligibility (based on criteria set by the funding source) and eligible households are then entered into a lottery (drawing) for assistance. Households drawn from the modified lottery are then contacted to be scheduled for an appointment with a case worker in the CAP office. The number of households drawn is contingent on available funding. **NOTE: To be drawn in the lottery is not a guarantee of assistance. A completed pre-screening form is not a guarantee of assistance. A scheduled appointment is not a guarantee of assistance.**

What do you need to do to be considered for the modified lottery? To be considered for the modified lottery, please see the instructions below.

1. Obtain a Pre-Screening form from the Buckeye CAP office **Monday - Thursday**.
2. Complete and sign the Pre-Screening form. You must provide all the information requested. A working phone number is needed for the Buckeye CAP office to contact you should your name be drawn in the modified lottery. *Incomplete forms will not be accepted.*
3. Submit the completed and signed form. *In fairness to everyone, only ONE pre-screening form per household will be permitted.* You, or a member of the household (not a friend or non-member of the household), must drop off the form to the Buckeye CAP office on:

Requests for Assistance Pre-screening Form Intake
SUBMIT COMPLETED FORM: Monday & Tuesday, only
NO FRIDAY FORM PICKUP OR FORM DROP-OFF

4. Pre-Screening forms will be reviewed and eligible households will be placed in the modified lottery.

When will the modified lottery be held and how will you be notified of the results of the modified lottery?

1. The modified lottery will take place every Wednesday immediately following the week in which the pre-screening forms were submitted.
2. If your name is drawn from the modified lottery, you will be contacted by phone no later than the Thursday after the draw. Being drawn is not a guarantee of assistance. **Important:** If the Buckeye CAP office is unable to contact you by phone, your pre-screening form will be cancelled. If the Buckeye CAP office leaves you a phone message, the call must be returned *prior to 10:00am* the next business day. If the call is not returned timely, your pre-screening form will be cancelled.
3. If your name is *not* drawn from the modified lottery, your household *will not* be entered in the modified lottery for this month. You are able to apply the next time funding is available.
4. **Due to the high volume of calls we receive, DO NOT call the Buckeye CAP office to inquire about the results of the modified lottery.**

IMPORTANT – REQUIRED VERIFICATION INFORMATION AND/OR DOCUMENTS

- Required to provide verification of Lawful Presence (Citizenship of Qualified Non-Citizen status)
- **Original** Social Security Cards ALL household members.
- **Original** Official Government issued Photo identification of the applicant
- Proof of **GROSS** income received by any member of household from any source, for 30 days up to and including the day of your scheduled intake appointment with a case worker.
- **IF NO INCOME IN 30 DAYS**, you will be required to provide proof of how you have been meeting basic needs (food, rent/mortgage, utility payments, etc.) since last receiving income, AND must provide proof of most recent income (last day worked, date paid and **GROSS** amount of final check, on company letterhead).
- **MUST** meet Program's Federal Poverty Guidelines (FPL) to be eligible.
- This list is not inclusive of all eligibility requirements for fund sources listed. Each fund requires additional specific documents and/or information, which must be provided.

Services Available

- Utility Assistance (natural gas, electric) bills and deposits. Household may be assisted only once in a 12-month period.

The Request For Assistance process is subject to change. The Town of Buckeye Community Action Program may change their Request For Assistance process at any time, as long as they stay within the criteria set by the funding sources. The Modified Lottery Financial Assistance process is one way to receive requests for assistance. **DEPENDENT UPON THE AVAILABILITY OF FUNDS.**

APPLICANT'S NAME: _____ APPT DATE _____ TIME _____

****PLEASE READ! Prepare for your tentative appointment by gathering the information mentioned below prior to the Modified Lottery. If selected-we may schedule the appointment the day after we contact you.**

YOU MUST BRING WITH YOU THE BELOW NOTED ITEMS: Please note, these documents ARE REQUIRED for us to be able to help you-ALL of the requested items are required documents .If YOU do not bring the all of the documents requested of you , YOU will not be eligible to receive financial assistance. Rescheduling may not be possible. You will not have time to go home for more documents so it is VERY important that you come prepared!

- ☐ Verification of Lawful Presence (Citizenship or Qualified Non-Citizen Status)-Additional information included with this packet of information.
- ☐ The applicant must live in the home or apartment you are seeking assistance for.
- ☐ **Original** Government issued Photo Identification of the applicant.
- ☐ **Original** Social security cards for **ALL** household members
- ☐ **Official verification**-Proof of **GROSS** income received by **ALL** members of household from any source for the past 30 days, up to and including the day of your scheduled appointment. Must provide income source telephone number. **30 days income chart dates are FROM THIS DAY _____ TO THIS DAY _____**

Examples of Income Sources but not limited to, are:

- ☐ **Employment**-original check stubs for the last 30 days from day of scheduled appointment.
- ☐ **Child Support**-original child support printout from the court or child support agency including Atlas #.
- ☐ **Social Security/VA/Pension/SSI-current original** award letters for **present year**.
- ☐ **Unemployment benefits-original** Unemployment printout to show for past 30 days up to and including the day of your scheduled appointment.
- ☐ **Cash assistance** -original cash assistance award letter should be dated no longer than 3 months prior to date of application
- ☐ Self-employment, grants, utility allowances, workmen's comp, etc.
Other: _____

☐ Copy of lease agreement if you are a renter- showing all current household members & move in costs/rent, etc. *If there is someone on the lease who is no longer in the home please have the landlord write a statement stating this or have your lease modified.*

- ☐ **ORIGINAL Current Utility Bills** (the most recent utility bills for all utilities)-Your must bring the whole statement or official document that shows a full month's billing cycle or service for the most recent month.
 - o AZ Public Service (APS) pg 1 & 2 Account number _____
 - o Southwest Gas (SWG)
 - o SRP
 - o Town of Buckeye water or Global water--water bills and/or water deposits-NOTE: Home cooling system **MUST** be a swamp cooler-**assistance May thru October only.**

APPLICANT'S NAME: _____

If NO income in the past 30 days, you will need to provide proof of how you've been meeting your household's basic needs. (Food, rent/mortgage, utilities, etc) since last receiving income AND must provide written proof of most recent income. Official verification will be required. Caseworker may request a notarized statement.

- ☐ Must provide written proof of how you have been paying your bills
- ☐ Must provide written proof of most recent income-last date worked, date paid and GROSS amounts of final check on company letterhead.
- ☐ Must provide written proof of how you will pay your bills in the future.

+ If assistance is needed with utility deposit or rent, the following information is required.

- ☐ Official Receipts of paid rent & deposit - If any reasonable payment arrangements were made, official written proof from landlord is required.
- ☐ APS pink slip (if assisting with APS deposit) ☐ SWG account number _____

The below information will be requested to verify a crisis as stated on the pre-screening form

- ☐ **Verification of the loss/reduction of income (May be faxed to 623-349-6610)**
 - o Statement from income source
 - o Date, address, and phone number from income source
 - o Last day you received income and the gross amount for that paycheck
 - o Last day you were employed
 - o Reason why you are no longer employed- Laid off/Fired/Voluntary Quit
- ☐ **Statement from new employer (May be faxed to 623-349-6610)**
 - o Starting date
 - o How many hours a week scheduled to work
 - o Wage (hourly, daily, weekly, etc)
 - o Date you will receive first paycheck
 - o Date, address, and phone number of new employer
- ☐ **Original Receipts of the paid unexpected or unplanned expense that caused lack of resources**
 - o May include but not limited to receipts of when unplanned expense was made. Additional verification may be required dependent on fund source utilized.
- ☐ **HOUSEHOLD GROSS INCOME FOR PAST 30 DAYS MUST MEET FEDERAL PROVERTY GUIDELINES**
*******PERCENTAGE OF PROVERTY VARIES DEPENDING ON FUNDING SOURCE UTILIZED AND**
FINANCIAL ASSISTANCE PROVIDED.*****



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TOWN OF BUCKEYE CAP PRESCREENING FORM FOR SERVICES

*****Please print clearly; no white out to be used on this form.

Applicants Last Name		First Name	Middle Name	Applicants Social Security No		Date of Application	
Applicants Mailing Address			City	State	Zip	Home Phone Number	
Applicants Residential Address (if different)			City	State	Zip	Alternate Phone Number	
Are you living in public housing or project subsidized housing?				Rent <input type="checkbox"/>		Own <input type="checkbox"/>	
				<input type="checkbox"/> No <input type="checkbox"/> Yes			
Have you or any member in your household been seen at a CAP office before? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", give date:							
Type Of Services Requested							
<input type="checkbox"/> Electric <input type="checkbox"/> Electric Deposit <input type="checkbox"/> SWG <input type="checkbox"/> Water* <input type="checkbox"/> Rent <input type="checkbox"/> Rent Deposit <input type="checkbox"/> Mortgage							
Do you have a utility shut off notice? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____		*Does your home have a swamp cooler? <input type="checkbox"/> No <input type="checkbox"/> Yes (May Thru Oct Only)		Do you have a current eviction or foreclosure notice? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If you need help with your utility deposit or rental deposit, what is the reason you are moving?							
Your previous address:				Do you have an outstanding bill from this address? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If you need help with utility deposit, have you paid your first month's rent and rental deposit? <input type="checkbox"/> No <input type="checkbox"/> Yes							
Why is your household in need of financial assistance? (documentation and verification will be required)							
Loss of Income		Reduction in Income		Unexpected PAID Expenses			
Who lost the income?		Who had the reduction?		Type of expense:			
Date of last check?		When did the reduction start?		Date of expense:			
Gross amount of last check? \$		Amount of reduction? \$		Amount of expense: \$			
If your reason for needing assistance is not listed above, or the above reason requires additional explanation, please explain here:							
HOUSEHOLD MEMBER INFORMATION – begin with yourself –							
Social Security Number	Name (Last, First Middle)	Relation to applicant	Date of Birth (mm/dd/ccyy)	Gender (circle)	Employed Y/N?	Total Gross Income for prior 30 days	
		Applicant		M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
*** This form continues on the back ***							
For Community Action Program office use only-Do not write in this space							
Date Form Received: _____ Staff Initials: _____ Notes: _____							
MCHSD/CSD database checked for prior assistance of all HH members (caseworkers initials) _____ on date _____							

List Expenses and GROSS Income For The Last 30 Days-ALL INFORMATION MUST BE ENTERED			
Household <u>Monthly</u> Expenses		Household <u>GROSS</u> Income (for all household members)	
Electric: Deposit Amount (if requesting)	\$	Employment (before taxes):	\$
Amount Due on current bill	\$	Unemployment:	\$
Gas: Deposit Amount (if requesting)	\$	Worker's Compensation:	\$
Amount Due on current bill	\$	SS/SSI:	\$
Do you pay Rent or Mortgage?	YES/NO	VA/Pension:	\$
Monthly Amount	\$	TANF/Welfare:	\$
Current Amount Due		Child Support:	\$
Water*: Deposit Amount (if requesting)	\$	Grants/Loans:	\$
Current Amount Due	\$	Other Income (i.e. family financial assistance):	\$
*must have a swamp cooler to request assistance		Total Gross Income:	\$
Food:	\$	Financial Assistance	
Clothing:	\$	Food Stamps:	\$
Car Payment:	\$	Utility Credit:	\$
Car Gas:	\$	Other:	\$
Telephone:	\$		
Medical:	\$	Are you a US Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Health Insurance:	\$	Years of Service?	
Car Insurance:	\$		
Loan/Credit Card Payment:	\$		
Personal Items (shampoo, etc.):	\$		
Diapers/Baby items:	\$		
Other:	\$		
Total Expenses:	\$		

APPLICANT'S STATEMENT OF TRUTH and RELEASE OF INFORMATION	
<p>Under penalty of perjury and acknowledged by my signature below, I swear or affirm that the statements made in this application regarding the persons in my home, and the income, resources, property and all other items that pertain to my possible eligibility for services are true and correct to the best of my knowledge.</p> <p>I authorize the Town of Buckeye Community Action Program\ (CSD) and/or delegate agency to contact any source necessary to establish the accuracy of the information given by me. Further, I authorize any landlord, mortgage, or utility company, etc to which payment of credit on my behalf may be made, to release information regarding my account including, but not limited to, billing information to Town of Buckeye Community Action Program\ (CSD) and/or delegate agency. I understand that this pre-screening form is not a guarantee of assistance.</p> <p>Applicant's Signature: _____ Date: _____</p> <p>Any applicant who self-declares verbally or in writing that s/he is here illegally or in violation of USCIS law will be reported to Immigration and Customs Enforcement pursuant to ARS 1-501 and 1-502 and ARS 46-140.01.</p> <p>Distribution: _____ Original: AGENCY 'S CLIENT FILE CAP/CSD- 04-2010</p>	